

State: OKLAHOMA

Agency* Citation(s)
Department of Human Services

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

42 CFR 435.135

22. Individuals who --

- a. Are receiving OASDI and were receiving SSI/SSP but became ineligible for SSI/SSP after April 1977; and
 - b. Would still be eligible for SSI or SSP if cost-of-living increases in OASDI paid under section 215(i) of the Act received after the last month for which the individual was eligible for and received SSI/SSP and OASDI, concurrently, were deducted from income.
- ☐ Not applicable with respect to individuals receiving only SSP because the State either does not make such payments or does not provide Medicaid to SSP-only recipients.
- ☐ Not applicable because the State applies more restrictive eligibility requirements than those under SSI.
- ☒ The State applies more restrictive eligibility requirements than those under SSI and the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

*Agency that determines eligibility for coverage.

Revised 10-01-91

TN No. _____
Supersedes _____
TN No. _____

Approval Date

MAR - 3 1992

Effective Date

HCFA ID: 7983E

STATE	<u>OKlahoma</u>	A
DATE REC'D	<u>JAN 29 1992</u>	
DATE APP'VD	<u>MAR - 3 1992</u>	
DATE EFF	<u>OCT - 1 1991</u>	
HCFA 179	<u>92-02</u>	

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 9
OMB NO.: 0938-

State: OKLAHOMA

Agency* Citation(s)
Department of Human Services

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

1634 of the
Act

23. Disabled widows and widowers who would be eligible for SSI or SSP except for the increase in their OASDI benefits as a result of the elimination of the reduction factor required by section 134 of Pub. L. 98-21 and who are deemed, for purposes of title XIX, to be SSI beneficiaries or SSP beneficiaries for individuals who would be eligible for SSP only, under section 1634(b) of the Act.

☐ Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients.

☒ The State applies more restrictive eligibility standards than those under SSI and considers these individuals to have income equalling the SSI Federal benefit rate, or the SSP benefit rate for individuals who would be eligible for SSP only, when determining countable income for Medicaid categorically needy eligibility.

*Agency that determines eligibility for coverage.

Revised 10-01-91

TN No. _____
Supersedes _____
TN No. _____

Approval Date

MAR - 3 1992

Effective Date

HCFA ID: 7983E

STATE	<u>OKLAHOMA</u>	A
DATE REC'D	<u>JAN 29 1992</u>	
DATE APP'D	<u>MAR - 3 1992</u>	
DATE EFF	<u>OCT - 1 1991</u>	
HCFA 179	<u>92-02</u>	

State/Territory: OKLAHOMA

Agency* Citation(s) Groups Covered

Department of Human Services

1634(d) of the
Act

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

24. Disabled widows, disabled widowers, and disabled unmarried divorced spouses who had been married to the insured individual for a period of at least ten years before the divorce became effective, who have attained the age of 50, who are receiving title II payments, and who because of the receipt of title II income lost eligibility for SSI or SSP which they received in the month prior to the month in which they began to receive title II payments, who would be eligible for SSI or SSP if the amount of the title II benefit were not counted as income, and who are not entitled to Medicare Part A.

X The State applies more restrictive eligibility requirements for its blind or disabled than those of the SSI program.

X In determining eligibility as categorically needy, the State disregards the amount of the title II benefits identified in § 1634(d)(1)(A) in determining the income of the individual but does not disregard any more of this income than would reduce the individual's income to the SSI income standard.

 In determining eligibility as categorically needy, the State disregards only part of the amount of the benefits identified in § 1634(d)(1)(A) in determining the income of the individual which amount would not reduce the individual's income below the SSI income standard. The amount of these benefits to be disregarded is specified in Supplement 4 to Attachment 2.6-A.

 In determining eligibility as categorically needy, the State chooses not to deduct any of the benefit identified in § 1634(d)(1)(A) in determining the income of the individual.

STATE <u>Okla</u>	A
DATE REC'D <u>APR 06 1993</u>	
DATE APP'D <u>MAY 03 1993</u>	
DATE EFF <u>JAN 01 1993</u>	
HCFA 179 <u>93-07</u>	

*Agency that determines eligibility for coverage.

Revised 01-01-93

TN No. 93-07
Supersedes 92-02
TN No. 92-02

Approval Date MAY 03 1993 Effective Date JAN 01 1993

State: OKLAHOMA

Agency* Citation(s) Groups Covered

Department of Human Services

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

1902(a)(10)(E)(i)
and 1905(p) of
the Act

25. Qualified Medicare beneficiaries--

- a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income does not exceed 100 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)

1902(a)(10)(E)(ii),
1905(s) and
1905(p)(3)(A)(i)
of the Act

26. Qualified disabled and working individuals--

- a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;
- b. Whose income does not exceed 200 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.
- d. Who are not otherwise eligible for medical assistance under Title XIX of the Act.

(Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)

STATE <u>Oklahoma</u>	A
DATE REC'D <u>APR 06 1993</u>	
DATE APP'VD <u>MAY 03 1993</u>	
DATE EFF <u>JAN 01 1993</u>	
HCFA 179 <u>9308</u>	

*Agency that determines eligibility for coverage.

TN No. 9308 Revised 01-01-93
Supersedes 9202 Approval Date MAY 03 1993 Effective Date JAN 01 1993
TN No. 9202

State: OKLAHOMA

Agency*	Citation(s)	Groups Covered
Department of Human Services		

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(E)(iii)
and 1905(p)(3)(A)(ii)
of the Act

27. Specified low-income Medicare beneficiaries--

- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income for calendar years 1993 and 1994 exceeds the income level in 25. b., but is less than 110 percent of the Federal poverty level, and whose income for calendar years beginning 1995 is less than 120 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)

STATE	<i>Oklahoma</i>	A
DATE REC'D	APR 06 1993	
DATE APP'D	MAY 03 1993	
DATE EFF	JAN 01 1993	
HCFA 179	93-08	

*Agency that determines eligibility for coverage.

New 01-01-93

TN No.	<i>93-08</i>	Approval Date	MAY 03 1993	Effective Date	JAN 01 1993
Supersedes	<i>None-New Page</i>				
TN No.					

OKLAHOMA

Agency*	Citation(s)	Groups Covered
	<u>A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>	
	1634(e) of the Act	28. a. Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) or (v) of Section 1611(e)(3)(A) shall be treated, for purposes of title XIX, as receiving SSI benefits for the month.
		<u>X</u> b. The State applies more restrictive eligibility standards than those under SSI. Individuals whose eligibility for SSI benefits are based solely on disability who are not payable for any months solely by reason of clause (i) or (v) of Section 1611(e)(3)(A), and who continue to meet the more restrictive requirements for Medicaid eligibility under the State plan, are eligible for Medicaid as categorically needy.

STATE <i>Oklaoma</i>		A
DATE REC'D	<i>03-26-95</i>	
DATE APPV'D	<i>06-22-95</i>	
DATE EFF	<i>03-01-95</i>	
HCFA 179	<i>95-11</i>	

*Agency that determines eligibility for coverage.

TN No. 95-11 Revised 03-01-95
Supersedes 95-08 Approval Date 06/22/95 Effective Date 03/01/95
TN No. 95-08

Revision: HCFA REGION VI
NOVEMBER 1991

Attachment 2.2-A
Page 9b3

State: OKLAHOMA

Agency*
Department of
Human Services

Citation(s)

GROUPS COVERED

P.L. 101-508 29. Children born after September 30, 1983, who
(Section 4601) have attained age 6 but have not attained age
19 in families with income up to 100 percent
of the Federal poverty level, as specified in
Supplement 1 to Attachment 2.6-A, for a family
of the same size, including the children who
meet the resource standards specified in
Supplement 2 to Attachment 2.6-A.

STATE	<u>OK</u>	A
DATE RECD	<u>1-5-98</u>	
DATE APVD	<u>3-9-98</u>	
DATE DT	<u>12-1-97</u>	
HCFA 177	<u>97-20</u>	

* Agency that determines eligibility for coverage.

Revised 12-01-97

TN No. 97-20
Supersedes 92-02 Approval Date: 3-9-98 Effective Date: 12-1-97
TN No. _____

State: OKLAHOMA

Agency*	Citation(s)	Groups Covered
Department of Human Services		

B. Optional Groups Other Than the Medically Needy

42 CFR ☒ 1. Individuals described below who meet the
435.210 income and resource requirements of AFDC, SSI, or an
1902(a) optional State supplement as specified in 42
(10)(A)(ii) and CFR 435.230, but who do not receive cash
1905(a) of assistance.
the Act

☒ The plan covers all individuals as described above.

☐ The plan covers only the following group or groups of individuals:

- ☐ Aged
- ☐ Blind
- ☐ Disabled
- ☐ Caretaker relatives
- ☐ Pregnant women

42 CFR ☒ 2. Individuals who would be eligible for AFDC, SSI
435.211 or an optional State supplement as specified in 42
CFR 435.230, if they were not in a medical institution.

*Agency that determines eligibility for coverage.

TN No. _____
Supersedes _____
TN No. _____

Approval Date MAR - 3 1992

Effective Date OCT - 1 1991

HCFA ID: 7983E

STATE <u>Oklahoma</u>	A
DATE RECD <u>JAN 29 1992</u>	
DATE APP'D <u>MAR - 3 1992</u>	
DATE EFF <u>OCT - 1 1991</u>	
HCFA 179 <u>92-02</u>	

State: OKLAHOMA

Agency* Citation(s) Groups Covered
Department of Human Services

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.212 & ☒ 1902(e)(2)
of the Act

3. The State deems as eligible those individuals who become otherwise ineligible for Medicaid while enrolled in an HMO qualified under title XIII of the Public Health Service Act or while enrolled in an entity described in sections 1903(m)(2)(B)(iii), (E), or (G) or 1903(m)(6) of the Act, but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a). Coverage under this section is limited to HMO services and family planning services described in section 1905(a)(4)(C) of the Act.

The minimum enrollment period is _____ (not to exceed six months).

The State measures the minimum enrollment period from:

☒ The date beginning the period of enrollment in the HMO or other entity, without any intervening disenrollment, regardless of Medicaid eligibility.

☒ The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

*Agency that determines eligibility for coverage.

Revised 10-01-91

TN No. _____
Supersedes
TN No. _____

Approval Date MAR - 3 1992

Effective Date OCT - 1 1991

HCFA ID: 7983E

STATE	<u>OKLAHOMA</u>
DATE REC'D	<u>JAN 29 1992</u>
DATE APP'D	<u>MAR - 3 1992</u>
DATE EFF	<u>OCT - 1 1991</u>
HCFA 179	<u>92-02</u>

A

Revision: HCFA-PM-91-10 (MB)
December 1991

Corrected
Attachment 2.2-A
Page 10

State/Territory: OKLAHOMA

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.212
1902(e)(2)
of the Act,
P.L. 99-272
(section 9517)
P.L. 101-508
(section 4732)

X 3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act or while enrolled in an entity described in Section 1903(m)(2)(B)(111), (E) or (G) of the Act, or a Competitive Medical Plan (CMP) with a Medicare contract under Section 1876 of the Act, but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a). Coverage under this section is limited to HMO services and family planning services described in section 1905(a)(4)(C).

 The State elects not to guarantee eligibility.

X The State elects to guarantee eligibility. The enrollment period is 6 months.

The State measures the minimum enrollment period:

X As stated in our 1115(a) waiver.

 The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

 The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment of periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section.)

*Agency that determines eligibility for coverage.

Revised 07-01-96

TN No. <u>96-13</u>	Approval Date <u>2/26/97</u>	Effective Date <u>7/1/96</u>
Supersedes TN No. <u>92-02</u>		